

OFFICES OF THE WEST VIRGINIA INSURANCE COMMISSIONER
MEDICAL MALPRACTICE REPORT FORM

FROM: _____

DATE: _____

COMPANY NAME: _____

PHONE: _____

ADDRESS: _____

Information is submitted in accordance with W. Va. Code Section 33-20B-8 which provides that this report be filed within 60 days from any judgment, dismissal, or settlement of a civil action or of any claim involving the insured. **SEE REVERSE SIDE FOR INSTRUCTIONS AND DEFINITIONS.**

Insured: _____

Name of Insurance Company: _____

Claimant: _____

Company File Number: _____

Description of Claimant’s Charge: _____

Date of Incident: _____

Style of Case: _____

County and State where Filed: _____

Civil Action Number: _____

Date of Judgment: _____

Amount of Judgment: _____

Date of Dismissal: _____

Reason for Dismissal: _____

Date of Settlement: _____

Amount of Settlement: _____

Reason for Settlement: _____

Was Case Mediated: Yes _____ No _____

Appeal Taken: Yes _____ No _____

By Whom: _____

Date Claim Resolved Without Civil Action: _____

Amount: _____

Reason Claim Resolved: _____

Is this a: Lump Sum Payment: Yes _____ No _____

Structured Settlement: Yes _____ No _____

Additional Information: _____

SUPPLEMENTAL CLAIM INFORMATION

Complete this section only if claim has been previously submitted and information has changed.

Date of Previous Report: _____

Name of Insured: _____

Company File Number: _____

File Number of Case: _____

Complete appropriate sections providing information that has changed from previous report

AMENDED DATES:

AMENDED AMOUNTS:

Date of Judgment: _____

Amount of Judgment: _____

Date of Dismissal: _____

Reason for Dismissal: _____

Date of Settlement: _____

Amount of Settlement: _____

Additional Information: _____

Instructions

1. This form must be typed.
2. This form must be e-filed, mailed, or faxed within 60 days from date of Judgment, settlement, or dismissal.
3. This form can not be altered. If the form is altered it will be returned and not considered filed until the correct form is received.
4. This form must be completed with all applicable iriginal.
6. One insured only per form.

Definitions

Claim: For purposes of reporting Medical Malpractice claims in compliance with WV 33-20B-8, a claim shall be defined as a request by an insured for indemnification by an insurance company or a notice from a third party of a demand or intent to demand damages. An incident report from a insured shall be excluded unless accompanied by a demand from a third party.

Claims Closed and Reportable: A claim resolved by civil action shall be deemed closed and reportable within 60 days from the date of judgment, dismissal, or settlement without regard to possible or actual appeals. In the case of judgment or dismissal the controlling date shall be that of the court order. In the case of settlements the date of the release shall control. Those claims concluded through an appellate process are to be reported again within 60 days of the judgment, dismissal, or settlement as a result of the appellate process.

Claims Resolved Without Civil Action: Claims resolved without civil action with or without payment shall be deemed closed from the earliest occurrence of any of the following events:

Expiration of the Statue of Limitations

Notice of claimant or counsel that claim is not to be pursued

Denial of coverage

Closure of file

Date of acceptance of negotiated settlement as evidenced by signing a release

Style of Case: Parties to a lawsuit, i.e. plaintiff(s) versus defendant(s)

Name of Company: Report company name as it appears on issued policy. Name of holding company or corporate name is not acceptable.